



Please submit to: Kansas Department of Health & Environment
Bureau of Water - Geology Section
1000 S. W. Jackson Street, Suite 420
Topeka, Kansas 66612-1367

INACTIVE WATER WELL REQUEST FORM WWC-6 KSA

In accordance with K.A.R. 28-30-7, Landowners may obtain the department's written approval to maintain wells in an inactive status rather than being plugged if the landowner can present evidence to the department as to the condition of the well and as to the landowner's intentions to use the well in the future. As evidence of intentions, the owner shall be responsible for properly maintaining the well in such a way that:

- The well and the annular space between the hole and the casing shall have no defects that will permit the entrance of surface water or vertical movement of subsurface water into the well;
- The well is clearly marked and is not a safety hazard;
- The top of the well is securely capped in a watertight manner and is adequately maintained in such a manner as to prevent easy entry by other than the landowner;
- The area surrounding the well shall be protected from potential sources of contamination within a 50 foot radius;
- If the pump, motor or both, have been removed for repair, replacement, etc., the well shall be maintained to prevent injury to the people and to prevent the entrance of any contaminants or other foreign materials;
- The well shall not be used for disposal or injection of trash, garbage, sewage, wastewater or storm runoff; and
- The well shall be easily accessible to routine maintenance periodic inspection.

INSTRUCTIONS: Please provide the department with the following information on your inactive well. Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in all blanks, underline or circle the correct answers.

- LOCATION OF WATER WELL:** Fraction Section # Township # Range #
County: _____ 1/4 1/4 1/4 _____ T _____ S R _____ E/W
- WATER WELL OWNER:** _____
RR#, St. Address, Box #: _____ City, State, Zip Code: _____
- WATER RIGHT FILE NO.:** _____
- DEPTH OF COMPLETED WELL:** _____ ft.
- WELL'S STATIC WATER LEVEL:** _____ ft.
- WELL PREVIOUSLY USED AS:**
1. Domestic 3. Feedlot 5. Public Water Supply 8. Air Conditioning 11. Injection Well
2. Irrigation 4. Industrial 6. Oil Field Water Supply 9. Dewatering 12. Other
7. Lawn and Garden Only 10. Observation Well
- TYPE OF BLANK CASING USED:**
1. Steel 2. PVC 3. RMP (SR) 4. ABS
5. Wrought Iron 6. Asbestos-Cement 7. Fiberglass 8. Concrete Tile 9. Other
- GROUT MATERIAL:** 1. Neat Cement 2. Cement Grout 3. Bentonite 4 Other _____
Grout Interval: From _____ ft. To _____ ft.
- NEAREST SOURCE OF POSSIBLE CONTAMINATION:**
1. Septic Tank 4. Lateral Lines 7. Pit Privy 10. Livestock Pens 14. Abandoned Water Well
2. Sewer Lines 5. Cess Pool 8. Sewage Lagoon 11. Fuel Storage 15. Oil Well/Gas Well
3. Watertight Sewer Lines 6. Seepage Pit 9. Feedyard 12. Fertilizer Storage 16. Other (specify below) _____
13. Insecticide Storage
- WELL ORIGINALLY CONSTRUCTED BY:**
(Driller's Name): _____
RR#, St. Address, Box #: _____ City, State, Zip Code: _____
- DATE WELL PLACED ON INACTIVE STATUS:** _____
- ESTIMATED REACTIVATION DATE:** _____

I certify this water well currently in compliance with all applicable requirements for inactive wells and agree to maintain the well in accordance with K.A.R. 28-30-7f until such time well is either reactivated or plugged.

Signature of Well Owner

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